(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
		Fage 0 Ol &
<010>	Study Area Code	
<015>	Study Area Name	448019 Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>		
\2027	Total Mobility Fund Support Awarded	106520.00
<203>	Total Mobility Fund Support Disbursed	101715.95
<210>	Actual Completion Date	07/08/2015
<211>	Project Status Description (attached)	448019_PSD_TX.pdf {Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	7
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

Inna) Carlottanda y Dana da Carlot		
(101) Certification - Reporting Carrier		FCC Form 690
		Approved by OMB
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The state of the s		
		OMB Control No. 3060-1185
		VIII COLLUCTION YOUR ALOW
		Page 7 of 8

<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer: Chad Strausbaugh				
Fitle or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 448019	Filing Due Date for this form: 07/01/2016			

	•
(102) Certification - Agent / Carrier	
(True) ceromeanous - Agent I Cattlet	FCC Form 690
	Anaround by DAID
	Approved by OMB
(2.29)	OMB Control No. 3060-1185
	Page 8 of 8
	ruge o ur o

<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf or responsibilities include ensuring the accuracy of the data reporting requirements provided to to data provided to the authorized agent is accurate.	of the reporting carrier. I the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	***
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Auth	orized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
I, as agent for the reporting carrier, certify that I am aut reported herein based on data provided by the reportin	thorized to submit the reports for Mobility Fund recipients on beha g carrier; and, to the best of my knowledge, the information repor	olf of the reporting carrier; I have provided the data ted herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1>></b1>	<b2></b2>	 463>	<cl> i</cl>	cc2>	<c3></c3>	<d>></d>
State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Milles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Nacogdoche s	0000	0	0	0	0.0	0.0	0.0	Yes
	<u> </u>								
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					· 				

Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

,		

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448019

County/State: Nacogdoches, TX Total Award Amount: \$106,520.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

■ Zin 51 + No	Fund - §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448020		
	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2016		JUN 172016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
VESTILET (III)			listeris (1865) (listeris (1864) (listeris (listeris (1864) (listeris (li	ne amandamin de sense regionament de la comunicación de la comunicación de la comunicación de la comunicación
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>I)</u> <040> O	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area con	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448020	
<015>	Study Area Code Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding th	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>		1170 Devon Park Dri	ive, Suite 104	
<114>	City	Wayne	-	
<115>		PA		
<116>	Zip-Code	19087		
<117>	Tolonkana Musekan	6105356474 ext.		
<118>	Fav Number	6106885209		
<119>	Email Address			
	-	cstrausbaugh@cellor	nenation.com	
<120> <121>		Chad Strausbaugh Texas 10, LLC		
<122>	Command Address (and DO Bass)			
	·	1170 Devon Park Dri	ve Suite 104	
<123>	- · · · · · · · · · · · · · · · · · · ·	Wayne		
<124>	-	PA		
<125>	-	19087		
<126>		6105356474 ext.		
<127>	-	6106885209		
<128>	Email Address	cstrausbaugh@cellon	menation.com	
	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			· · · · · · · · · · · · · · · · · · ·
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	_			

(060) Cot	verage and Performance Report		FCC Form 690 Ap proved by OMB. OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448020	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448020_CPRd	TX.zip	

Coverage and Performace attachments

Service

<141> <a1> <a2> <c2> Total Road Road Certify that Coverage and Road Miles per Miles Resident Total Resident | Miles Census covered Performance data Population is uploaded Population Block per Resident per Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered

by Service

(070) Urban Rate Comparability Certification Compliance	The state of the s
(U/U) Urban Kate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)(4)
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formation and in any attachments is accurate.			
Name of Reporting Carrier: Texas	s 10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448020	Filing Due Date for this form:	07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I certify that (Name of Agent)	rtify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting			
	arrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the reports and dat	a provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	r fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Agent Author	ized to File Compliance with 47 CFR §54.1009	9(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am autho	prized to submit the certification on behalf of the rep	orting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of	my knowledge, the information reported herein is a	ccurate.
Name of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent	H-111	
elephone number of Authorized Agent or Employee of Ag	ent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this for	m:

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448020	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie		cstrausbaugh@cellonenation.com	
<142>	State			<u> </u>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			Control of the Contro
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	44000
<015>	Study Area Name	448020 Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>		6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200> <201>	Date Authorized to Receive Support Targeted Completion Date	08/16/2013 08/17/2015
<202>	Total Mobility Fund Support Awarded	99995.36
<203>	Total Mobility Fund Support Disbursed	95815.55
<210>	Actual Completion Date	06/23/2015
<211>	Project Status Description (attached)	448020_PSD_TX.pdf
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier		A	CC Form 690 pproved by OMB IMB Control No. 3060-1185
1 5 Th	4.4		age 7 of 8

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the lest of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 10, LLC					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer: Chad Strausbaugh					
Fitle or position of Authorized Officer: Staff Counsel					
Telephone number of Authorized Officer: 6105356474 ext					
Study Area Code of Reporting Carrier: 448020	Filing Due Date for this form: 07/01/2016				

(102) Certification - Agent / Carrier FCC Form 69	n a said a s
(200) (200) (200) (200)	
Approved by	OMO
Ohly Agen of	CIVIO
Ola D Carama	l No. 3060-1185
QMD CONTROL	1 NO. 5000-1103
Page S of 8	

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the inform	nation reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrie	er; my responsibilities include ensuring the accuracy of the data reporting r and data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S under Title 18 of the United States Code, 18 U.S.C. § 1001.	S.C. §§ 502, 503(b), or fine or imprisonment

Certification of Agent Auth	orized to File for Mobility Fund Recipients on Beha	alf of Reporting Carrier
	thorized to submit the reports for Mobility Fund recipients g carrier; and, to the best of my knowledge, the information	on behalf of the reporting carrier; I have provided the data on reported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Age	ent	
Telephone number of Authorized Agent or Employee of	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications 18 of the United States Code, 18 U.S.C. § 100	s Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 1.

Attachments

(060) Coverage and Performance Repo	Π		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<43>	<b1></b1>	<b2></b2>	<bs><</bs>	<c1> *</c1>	<2>	<c3></c3>	< d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Nacogdoche s	0000	0	0	0	0.0	0.0	0.0	Yes
							=		

					- ***				

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448020

County/State: Nacogdoches, TX Total Award Amount: \$99,995.36

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mar. 1.5, 12 c.	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448022	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2016	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 172016
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<039>		cstrausbaugh@cellonenation.com	
<039>			/N) <040>
100x 1100 1100 150	Email of the person identified in data line <030>	been provided with a Form 481 filing (Y	/N) <040>
100x 1100 1100 150	Email of the person identified in data line <030> Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690
				Approved by OM8 OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		440022	alisaan maaraa maasaa saa saa saa saa saa saa saa sa
<015>	Study Area Name		448022 Texas 10, LLC	
<020>	Program Year	· · · · · · · · · · · · · · · · · · ·	2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif	fied in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC	-	
<112>	Winning Bidder Carrier Name	Texas 10, LLC		This.
<113>	Street Address (or PO Box)	1170 Devon Park Driv	ve. Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087	***	
<117>	Telephone Number			
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
		cstrausbaugh@cellone	enation.com	
Contact Ir	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Drive	- Cuite 101	·
<123>	City	Wayne	e Suire 102	
<124>	State	PA		
<125>	Zip-Code	***		
<126>	Telephone Number	19087		
<127>	Fax Number	6105356474 ext.		***
<128>	Email Address	6106885209		
11202	Lindii Addiess	cstrausbaugh@celloner	nation.com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	-			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448022	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	Coverage and Performace attachments	TX.zip	

1>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<:1>	<c2></c2>	<€3>	<d>></d>
27	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
Ļ				8	ee attach	ed works	neet			
-										
H				<u> </u>		<u> </u>				
}							<u> </u>			
ı										
										-
		Population	ge of Total Reached by	0		Percentage of Road Miles of Presentage	of Total overed	0		

Page 4 of 8

<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my resp	ponsibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the infon	mation reported on this
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:			Date	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448022	Filing Due Date for this form:	07/01/2016	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the reportin authorized agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting g carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	data provided to the authorized agent is accurate.
Name of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	Date.
itle or position of Authorized Officer or Employee:	······································
elephone number of Authorized Officer or Employee:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

960) I NOS	Il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448022	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding th	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie		cstrausbaugh@cellonenation.com	
<142> <143>	County			
<144> <145>	Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation	Name of Attached Docume	ont (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	**
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185 Page 6 of 8
GOMMANA KARAMANIA KA		rabe o oi a
<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	55220.00
<203>	Total Mobility Fund Support Disbursed	52817.93
<210>	Actual Completion Date	07/29/2015
<211>	Project Status Description (attached)	448022 PSD TX.pdf
	(accounted)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	_
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G